



BOROUGH OF WILKINSBURG

CODE ENFORCEMENT DEPARTMENT

ROOM 304 THIRD FLOOR

605 ROSS AVENUE

WILKINSBURG PENNSYLVANIA 15221

PH 412-244-2923/FX 412-244-2922

FIRE SUPPRESSION PERMIT APPLICATION

APPLICATION DATE: _____ PERMIT # _____

Contractor Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-mail _____

Project Name _____

Fax Number _____

PA ONE CALL SERIAL # _____ Lot & Block _____ Subdivision _____

CONSTRUCTION COSTS \$ _____

(If Owner differs from Applicant)

Property Owner's Name _____ Phone # _____

Property Owner Address _____ E-mail _____

If Applicant differs from Property Owner, Please provide Property Owner authorization:

Owner Signature (Authorization)

Application Type: ☐ New Installation ☐ Replacement of Heads ☐ Fire Pump

☐ System Extension or Alteration

☐ Repairs ☐ Relocation of heads

☐ Cooking Hood Suppression System (ANSUL)

Use/Occupancy ☐ A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5 ☐ B ☐ E

☐ F-1 ☐ F-2 ☐ H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5

☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M ☐ R-1 ☐ R-2

☐ R-3 Adult Care ☐ R-3 ☐ R-4 ☐ S-1 ☐ S-2 ☐ U

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Modified 5/25/2016

Type of work to be done (check all that apply)

- ☐ New Construction ☐ Repair Existing ☐ Equipment Replacement
- ☐ Underground Service Line ☐ Alteration and or extension of system ☐ Standpipe System

Documentation Required

- ☐ 3 complete sets of signed and stamped construction drawings.
- ☐ Stamped architectural or engineered drawings for suppression system.
- ☐ Fire protection shop drawings stamped by engineer indicating the location of all devices and equipment.
- ☐ Insurance certificates of contractors, if chosen, must be filed with this application
- ☐ Hydraulic Calculations
- ☐ Equipment cut sheets
- ☐ 1 set of specifications
- ☐ **Note: Shop drawings prepared by contractor must be reviewed must be reviewed and approved by an Engineer and must bear a shop drawing stamp from the Engineer.**

Construction Details

- ☐ Number of Single dwelling units _____
- ☐ Number of heads _____
- ☐ Alternate fire suppression system as defined by the International Building Code or International Fire Code
- ☐ Installation requires a fire pump
- ☐ Installation requires a dry system
- ☐ Installation requires an accelerator
- ☐ System is for a Commercial Cooking Hood

Description of work

Please print clearly. Illegible and incomplete forms will not be accepted. Please remit payment with this application. For Corporations, a form of identification of an authorized officer of the company, or copy of a written agreement of the corporation's registered agent is required.

Fees

Fire Suppression	\$100.00
UCC fee	\$4.00
Plans review	\$10.00
Third Party fee (to be calculated)	TBC

WORKERS' COMPENSATION ADDENDUM

(Required to be attached to all building permit applications)

Part 1

The Applicant for the permit, in compliance with Act 44 of 1993, hereby submits, *(check one)*:

- ☐ Certificate of Insurance OR Certificate of Self-Insurance Listing the Borough of Wilkinsburg and our Third (Must Attach)
- ☐ Affidavit of Exemption

Part 2

Basis and Affidavit of Exemption

- ☐ Applicant is an Individual who owns the property
- ☐ Contractor/Applicant is a sole proprietorship without employees
- ☐ Contractor/Applicant is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Worker's Compensation Act.
- ☐ All of the Contractor/Applicant's employees on the project are exempt-on religious grounds under Section 304.2 of the Worker's Compensation Act.

☐ Other: Please explain: _____

My signature on behalf of or as the Contractor/Applicant for this permit constitutes my varication that the statements contained herein are true, and that I am subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.

Applicant Signature

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Permit Number _____

Fee Paid \$ _____

Approved By: _____ Date: _____

Title: _____

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Modified 5/25/2016